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CONFIRMATION NO. 1234

Bib Data Sheet

SERIAL NUMBER 10/759,632	FILING DATE 01/16/2004 RULE	CLASS 040	GROUP ART UNIT 3611	ATTORNEY DOCKET NO. SCEE 2 00010					
APPLICANTS Robert J. Scherba, Richfield, OH; OK									
** CONTINUING DATA ***** This apn claims benefit of 60/441,013 01/17/2003									
** FOREIGN APPLICATIONS ***** <div style="text-align: right; margin-right: 50px;">OK None</div>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/22/2004									
<table border="0" style="width:100%;"> <tr> <td style="width:45%;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div> </td> <td style="width:10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY OH </td> <td style="width:10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 8 </td> <td style="width:10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 30 </td> <td style="width:15%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 1 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div>	STATE OR COUNTRY OH	SHEETS DRAWING 8	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 1
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ADDRESS 27885 FAY, SHARPE, FAGAN, MINNICH & MCKEE, LLP 1100 SUPERIOR AVENUE, SEVENTH FLOOR CLEVELAND , OH 44114									
TITLE Inflatable projection screen									
FILING FEE RECEIVED 540	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 5px;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width:40%; padding: 5px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
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